



PTO/SB/21 (6-98)

\$ 2812

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/633,297	
	Filing Date	06/03/2000	
	First Named Inventor	Levy	
	Group Art Unit	2812	
	Examiner Name	Jones, J.	
Total Number of Pages in This Submission		Attorney Docket Number	DENSE-015X

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69 and Accompanying Petition)	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Return receipt postcard
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<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
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<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual Name	Kit M. Stetina STETINA BRUNDA GARRED & BRUCKER
Signature	
Date	5/01/01

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 5/1/01			
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FEE TRANSMITTAL for FY 2001 Patent fees are subject to annual revision.		Complete if Known	
		Application Number	09/633,297
		Filing Date	08/03/2000
		First Named Inventor	Aaron U. Levy
		Examiner Name	Jones, J.
TOTAL AMOUNT OF PAYMENT	(\$)	Group Art Unit	2812
		Attorney Docket No.	DENSE-015X

METHOD OF PAYMENT		FEE CALCULATION (continued)	
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number <u>19-4330</u> Deposit Account Name <u>Stetina Brunda</u> <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES	
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 710	201 355	Utility Filing fee	
106 320	206 160	Design Filing fee	
107 490	207 245	Plant Filing fee	
108 710	208 355	Reissue Filing fee	
114 150	214 75	Provisional Filing fee	
SUBTOTAL (1)			\$
2. EXTRA CLAIM FEES			
Total Claims _____ - 20** = _____ X _____ = _____			
Independent Claims _____ - 3 = _____ X _____ = _____			
Multiple Dependent _____			
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
103 18	203 9	Claims in excess of 20	
102 80	202 40	Independent claims in excess of 3	
104 270	204 135		
109 80	209 40		
110 18	210 9		
SUBTOTAL (2)			\$
**or number previously paid, if greater; For Reissues, see above			
		* Reduced by Basic Filing Fee Paid SUBTOTAL (3) \$ 235.00	

SUBMITTED BY:

Complete (if applicable)

Name (Print/Type)	Kit M. Stetina	Registration No. (Attorney/Agent)	29,445	Telephone	(949) 855-1246
Signature				Date	5/10/01

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